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ABSTRACT

The paper highlights the importance of communication among all parties involved in individualized education programs for handicapped students. The rationale for an interdisciplinary team model emphasizes the teacher's role as educational synthesizer. A case study of a child with learning and behavioral problems is presented to illustrate specific responsibilities of team members as well as areas of overlap. Methods for facilitating communication among team members are discussed. The roles of the resource room teacher, the clinical psychologist in the community, the physician, and the director of special education are delineated. The use of communication forms and meetings is shown to promote communication on such aspects as assessment and remediation of learning and behavior problems, medication monitoring, and consultation with classroom teachers. (CL)

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THE COMMUNICATION CONNECTION:

THE FIRST STEP TOWARD AN INTEGRATED PROGRAM

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The success or failure of individualized educational programs is often dependent upon communication between parents and professionals as well as between professionals from various disciplines. Although individuals may have the capability to be 100 percent effective in their particular pieces of the educational process, without benefit of direct communication with other persons contributing to the child's development, their own effectiveness will be substantially diminished. Program continuity, consistency, and overall effectiveness are dependent upon direct communication.

The goal of the present paper is to provide a rationale as well as a model for maintaining direct communication between individuals working with handicapped children. Based on the experiences of professionals and parents who have participated in the planning and implementation of individualized programs for children with learning and behavior problems, an interdisciplinary model is examined. While the paper focuses mainly on the responsibilities of the members of an interdisciplinary team in relation to one particular child, the methods described may be applied on a broader scale. The paper discusses the role of each member, including the parent, and builds an awareness and understanding of each person's responsibilities. Areas of overlap are addressed and the need for providing continuity in these areas is emphasized. As it is the authors' contention that program continuity and effectiveness are contingent upon frequent reliable communication, guidelines for opening and improving communication channels are offered.

The Interdisciplinary Team Model

Rationale

The work of the teacher of children with handicapping conditions goes beyond providing instruction necessary for academic skill acquisitions. Children with learning and behavior problems have additional instructional needs which transcend traditional classroom curricula. In order to meet these special needs, teachers must be familiar with the basic principles of such fields as medicine, psychology, speech and language pathology, and occupational and physical therapy. Teachers might work with professionals in any of these areas as well as with social workers, nutritionists, and other related services personnel. Therefore, teachers of handicapped children must be able to communicate and work with all of these possible members of an interdisciplinary team.

Bricker (1976) has developed the concept of the educational synthesizer to describe the teacher as a coordinator of special services. As an educational synthesizer the teacher is a key person who translates all information from related services personnel into daily learning experiences for each student.

The parent is an indispensible partner in this education process since learning occurs both in and out of school. It is the responsibility of parents to help their children integrate and generalize acquired academic knowledge into everyday living. The teacher, as the educational synthesizer, must therefore work with parents as well as with other professionals.

Through the exchange of information and skills, members of the interdisciplinary team can provide comprehensive services for handicapped children. This kind of exchange, or communication, assures the student of program continuity and facilitates academic and social development (Haring, 1978).

Members of the Interdisciplinary Team

Professionals from such diverse fields as special education, medicine, occupational and physical therapy, speech pathology, and psychology may participate on an interdisciplinary team to develop a total educational program. Specific team members and their particular responsibilities, however, are determined by the child's educational needs as well as by the learning situation.

In order to illustrate specific types of responsibilities which may be required of members of an interdisciplinary team and to highlight areas of overlap between team members, the case of Jonathan is presented. This case presentation illuminates the possible advantages of a multi-disciplinary team approach as well as the potential pitfalls. Methods which have proven helpful in facilitating communication between team members are discussed and recommendations for enhancing communication are offered.

The team responsible for developing Jonathan's program includes a resource room teacher, psychologist, pediatrician, special education administrator, and Jon's parents. The respective roles and responsibilities of each person involved in Jon's program are described below.

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The Parents' Role

Parenting a child with learning and behavior problems is a constant challenge. As feelings of disbelief and confusion give way to knowledge and understanding, parents play a vital on-going role in the child's total program. The parents of a handicapped youngster need to learn all that they can about their child's problems and about possible ways in which they can help their child to overcome these problems. There are a number of ways in which parents can interact and contribute as members of the interdisciplinary team. Jonathan's mother will serve as an illustration.

Jon's mother has spent seven years attempting to coordinate a successful program combining education, psychotherapy, and drug therapy. This role has required that contact be maintained with Jon's pediatrician, psychologist, Director of Special Education, and each of Jon's teachers. Not only has it been necessary to gain insight into Jon's learning and behavior problems; it has also been necessary to learn about possible ways of working within the school system for the benefit of her son.

Through sharing information pertaining to Jon's childhood development and family dynamics, Jon's mother has helped professionals working with Jon to better assess and meet his needs. In addition to this input for educational planning, Jon's mother has also demonstrated how a parent may serve as a partner in the instructional process. One of her major contributions in this area has been the design of a simple form which has provided daily feedback from each of Jon's teachers.

The Role of the Resource Room Teacher

The Resource Room Teacher is involved in various aspects of Jon's program. Her responsibilities include:

- Remediation of those areas in which Jon has been classified as learning disabled.
- Instruction in some of Jon's subject areas.
- Liaison between school personnel, parents, psychologist, and physician.

Initially Jon attended the resource room for one period a day for specific instruction in spelling, handwriting and basic writing skills. This part of Jon's program involved cooperation from Jon's classroom teachers. Whenever possible it was requested that Jon be given a reduced amount of written work, that he take

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most of his tests in the resource room and that teachers be sensitive to the fact that Jon had difficulty with grapho-motor skills.

In order to ensure from the beginning of the school year that teachers were aware of Jon's needs, individual conferences were held to discuss Jon's disabilities and suggestions were made for appropriate teaching techniques. Interaction with Jon's classroom teachers has been maintained throughout the school year to check on Jon's progress and to discuss specific problems. Whenever possible Jon has been included in special programs being held in the regular classrooms. This has proven to be a particularly important area for teacher communication and cooperation.

In order to address the academic and behavioral aspects of Jon's program, the resource teacher has been involved with a large number of people. As an example, during periods when Jon's medication was being changed, it was necessary to monitor Jon's behavior in the resource room. It was also necessary during these times to inform his classroom teachers that Jon's medication and diet had been changed and that certain behaviors might be expected. In addition, information regarding Jon's behavior in school was given to the pediatrician at regular intervals.

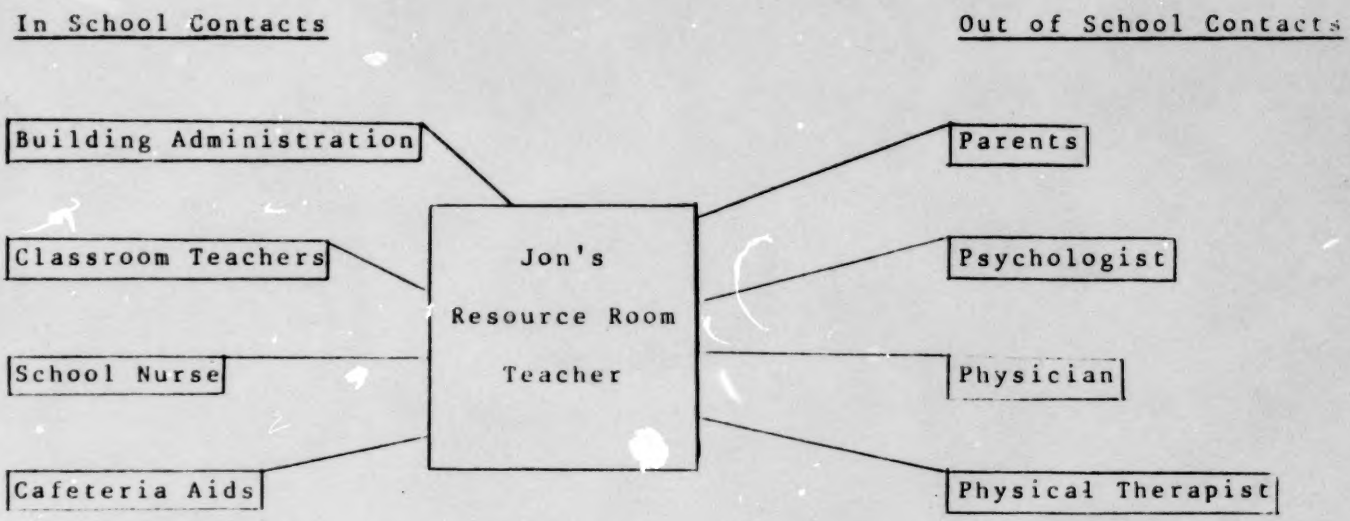
The chart on the following page shows the people with whom the resource room teacher has worked in coordinating Jon's program. The chart includes school-based personnel as well as out-of-school professionals. It was a major concern that each one of these people could understand the other's points of view and that their combined efforts could result in a program suited to meet Jon's needs. This has required telephone conversations, conferences, written messages, and individual discussions.

The Role of the Clinical Psychologist in the Community

In addition to receiving supportive services in school, Jon has also been working with a therapist outside of school.

The therapist's goals in working with Jon and his family have included:

1. Working toward realistic acceptance of Jon's handicapping condition.
2. Building Jon's self-esteem.
3. Explaining and interpreting the family dynamics to Jon at his intellectual and emotional level of understanding.



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4. Helping Jon to develop insight in terms of the impact of his behavior on peer relationships.
5. Working on enhancing social skills so that Jon can gain acceptance from others.
6. Helping Jon's parents to clarify their feelings. This has led to their acceptance of Jon's disability.
7. Assisting Jon's parents in exploring how Jon has affected the family and the marital relationship.
8. Interpreting Jon's language and behavior to his parents.
9. Enhancing parental interaction with Jon.
10. Explaining to the resource teacher the dynamics of Jon's emotional state and how it affects classroom behavior.
11. Tying together behavior modification problems at home and at school.
12. Enhancing communication between the resource teacher and Jon and between the resource teacher and the family.

The psychologist has proven to be an integral member of Jon's interdisciplinary team. A primary responsibility of the psychologist, in Jon's case, has been to serve as a facilitator of communication within the family, between the family and the school, and between other professionals within the community.

The Physician's Role in Jonathan's Program

After reviewing Jonathan's medical history, the physician obtained visual and auditory screening results and conducted a neurologic evaluation. Jonathan's management system was then developed. This involved outlining Jon's various problems of learning and behavior. Home, educational, and psychological data were integrated with neurodevelopmental findings through use of written reports, evaluation forms, and direct communication.

In order to monitor the effectiveness of medication being administered, the physician, parents, and resource teacher were in regular contact. Medication can not be administered in a vacuum. Therefore, direct communication has been essential between the physician and other members of the interdisciplinary team.

Consideration has also been devoted to Jon's attention span, emotional lability, academic progress, and social improvement. The physician has treated Jon with concern to his total educational, emotional, and physical needs.

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The Role of the Director of Special Education

The provision of appropriate and effective educational programming for a student with a handicap is a process which must remain dynamic and must provide for constant input and feedback. This process calls for coordination of personnel who understand their roles and the roles of the other members of the interdisciplinary team. It is the job of the Director of Special Education to coordinate the efforts of these key personnel in a practical and flexible communication system.

Conclusion

Program continuity and effectiveness are contingent upon direct communication between members of the interdisciplinary team. Examination of the roles of the members of Jon's interdisciplinary team, illuminates this need for communication by highlighting areas of overlap between team members.

Some specific areas of overlap in which communication between team members can enhance educational programming include the assessment and remediation of learning and behavior problems, monitoring of medication, and consultation with classroom teachers. Through the use of communication forms and meetings, information in these areas can be shared among necessary personnel. The members of the interdisciplinary team require such information if they are to be successful in building an effective individualized educational program.

Frequent reliable communication will permit key personnel to detect and prevent many potentially significant problems and will lessen the need for crisis intervention (Kauffman, 1981). It is important to note that individual educational plans (IEP's) are developed prior to initiation of services, and the best-laid plans often do not work out in practice. Behavior management schemes which have proven successful in the past may require modification. Instructional plans that seem appropriate in a meeting may turn out to be impractical in the classroom. Decisions made by the interdisciplinary team must always be subject to change based on actual experience. Continued communication between teachers and other team members helps to assure that such changes occur promptly and effectively (Blankenship & Lilly, 1981). It is only through the use of direct communication that parents and professionals from varied disciplines can indeed act as partners with a single goal, helping the handicapped child to succeed.

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